

A

EXPRESS MAIL CERTIFICATE

Date 1/11/2000 Label No. EL503339803

I hereby certify that, on the date indicated above I deposited this paper or fee with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner of Patents & Trademarks, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

D B Peck
Name (Print)

[Signature]
Signature

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR
CREDIT ANY EXCESS IN THE FEES DUE WITH THIS
DOCUMENT TO OUR DEPOSIT ACCOUNT NO. 04-0100

DARBY & DARBY P.C.

805 Third Avenue
New York, New York 10022
212-527-7700

Docket No: 1780/OF908

Hon. Commissioner of
Patents and Trademarks
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors): Michael Delk; Augustus Felix

Title: ELECTRICALLY POWERED SURGICAL IRRIGATOR

including the items indicated:

1. Specification and 13 claims: 3 indep.; 10 dep.; 0 multiple dep.
2. ☒ Executed declaration and power of attorney
☐ Unexecuted declaration and power of attorney
3. ☒ Formal drawings, 6 sheets (Figs. 1-11)
☐ Informal drawings, sheets (Figs.)
4. ☒ Assignment for recording to: C.R. Bard, Inc.

01/11/00
jc544 U.S. PTO

jc530 U.S. PTO
09/481120
01/11/00


09481120-011100

5. ☐ Verified Statement Claiming Small Entity Status
6. ☒ Check in amount of \$730.00, (\$690 filing; \$40 recording; \$0 surcharge)
(See attached **Fee Computation Sheet**)
7. ☐ Preliminary Amendment.
8. ☐ Please amend the description by inserting the following paragraph after the line containing the title on page 1:
"This patent application claims the priority of U.S. provisional patent application No. 60/ , which is incorporated herein by reference."

Country:
Number:
Date:

The priority documents ☐ are enclosed
☐ will follow.

Respectfully submitted,


Michael J. Sweedler, Esq.
Reg. No. 19,937
Attorney for Applicant(s)

PATENT FEE COMPUTATION SHEET

| | No. of Claims Presented | Extra Claims Previously Paid For | Number of Extra Claims | Rate |
|--|----------------------------|--|---------------------------|----------|
| Basic Fee | | | | \$690.00 |
| Total Claims | 13 - 20 | 0 | x \$18.00 | \$0.00 |
| Independent Claims | 3 - 3 | 0 | x \$78.00 | \$0.00 |
| Multiple Dependent Claims | | 0 - if so, add | \$260.00 | \$0.00 |
| Surcharge for late submission of filing fee and/or declaration (\$130.00) | | | | \$0.00 |
| SUBTOTAL | | | | \$690.00 |
| <input type="checkbox"/> Small Entity REDUCTION (Half of Subtotal) | | | | \$0.00 |
| Fee for recordation of assignment (\$40.00) | | | | \$40.00 |
| Charge for filing non-English language application (\$130.00) | | | | \$0.00 |
| TOTAL | | | | \$730.00 |